Idaho Commission on the Arts Fellowship Final Report

Address:			
City:		_ State:	Zip+4:
Telephone: (day)		(cell)	
O Check if this is	s a new address?	<u> </u>	
E-mail:			
********** Fellowship recipit following the clos	**************************************	****** it a final eva no later than	**************************************
Check the box that	at applies: I received a fell	owship for:	
☐ Literature	☐ Craft, Design, and Vis	sual Arts	☐ Performing and Media Arts
• Describe the development.	value or impact of the awa	rd on your c	areer or professional
• Tell us the waduring the pas	•	your work o	or creative process with the public
Signature:			Date:
Mail this form to the	ne Idaho Commission on th	e Arts, P.O.	Box 83720, Boise, ID 83720-0008.
Important: You m	nust submit this report to rem	ain eligible fo	or a future grant or award.
Approved			
Program I	Director		Date:
Agency Approval			